

L22000099906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

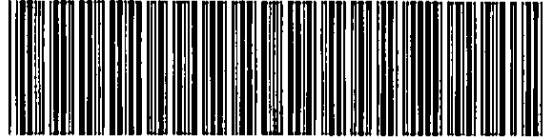
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only S. CHATHAM
MAR 11 2022



700382150117

02/22/22--01047--010 **125.00

FILED
22 FEB 22 AM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Secure Office LLC
Name of Limited Liability Company

SECRETARY OF STATE
TALLAHASSEE, FL 32303

22 FEB 22 AM 2:52

FILED

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jim Martin
Name of Person
Stoll Keenon Ogden, PLLC
Firm/Company
500 W Jefferson St, Suite 2000
Address
Louisville, Kentucky 40202
City/State and Zip Code
jim.martin@skofirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jim Martin at (502) 5604260
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

22 FEB 22 AM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Secure Office LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

103 Anchor Drive
Key Largo, Florida 33037

103 Anchor Drive
Key Largo, Florida 33037

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)


The name and the Florida street address of the registered agent are:

Joey Rivera
Name

103 Anchor Drive
Florida street address (P.O. Box **NOT** acceptable)

Key Largo Florida 33037
City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

22 FEB 22 AM 2:52

Title:
"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR

Joey Rivera
103 Anchor Drive
Key Largo, Florida 33037

(Use attachment if necessary)

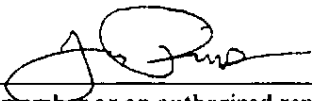
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Joey Rivera

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)